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ABSTRACT

There are three types of scholars in schools of education: (1) scientists, who are primarily concerned with instrument development, research design and method, and the application of these to the study of teaching and to nonschool influences on the development of children and youth; (2) theorists, who concern themselves with the philosophy, social foundations, and history of education; and (3) clinicians, who are less concerned with concepts and principles, and mainly interested in helping teachers acquire pedagogical skills. All too often, today, these groups function in isolation from one another, even though the intellectual development of educational faculties depends upon communication between them. To correct this situation, a thoroughgoing modification of the program of teacher education is required. Basic courses in psychology, measurement, curriculum, and other areas should routinely require students to apply their learning in laboratory work. This arrangement would involve clinicians in the teaching of basic courses, and would provide a number of other advantages. The unfocused, non-clinical education curriculum of today results from our seeing teacher education as primarily theoretical, as general education, and as graduate study. Only when the theorists, researchers, and clinicians begin to focus their intellectual energies on the professional training function of schools of education will the intellectual life of these schools be revitalized. (KH)

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by

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INTELLECTUALISM IN PEDAGOGICAL SCHOOLS*

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There are three schools of thought in pedagogical colleges, if you do not demand fine distinctions: (1) Scientists which include psychologists, sociologists, anthropologists, specialists in measurement and evaluation, in reading and other subjects, and in exceptionality; (2) theorists, which include philosophers, social foundationists, and historians; and (3) clinicians which include instructors in special methods, in administration and supervision, and in supervision of student teaching.

I came to know the scientists and the theorists when I was a student at Teachers College. They were then referred to as philosophers and scientists, and one of their major differences centered on the issue of whether all pedagogical questions could be answered by a scientific method. Students typically line up on one side or the other, staking out and defending their territory.

These schools of thought were found in other institutions, particularly Ohio State, Minnesota, Michigan, and Chicago. Some of these institutions emphasized the science of education while others stressed both schools of thought. To a lesser degree these approaches to pedagogical problems were to be found in institutions throughout the country, for the graduates of major institutions took their respective approaches with them to the hinterland.

I did considerable work in the philosophy of education, and my

* This Conference was read at the First Educational Conference of the Teacher Corps Project in Puerto Rico on May 2, 1979.

doctoral study was on the logic of educational measurement. It was assumed by my fellow students in philosophy that I would attack educational measurement, display its false assumptions and place its values in ill repute. Students of the opposing school naturally assumed the same about my endeavor and could see no benefit from a logical study. Neither side considered neutrality.

From Teachers College I went to Illinois where I found the same schools of thought. However, I soon discovered that there were not just two but three. I had to add the clinicians to the theorists and the scientists.

The scientists and the theorists are academically oriented. They both are concerned with concepts and principles and only indirectly with their use in school and classroom situations. The third school —the clinicians— are less concerned with concepts and principles *per se*, and instead are interested in helping teachers acquire pedagogical skills.

The cleavage between the scientists and the theorists and the further cleavage between these two and the clinicians constitute the chief impediment to intellectual activity in schools of pedagogy. The intellectual vitality of a faculty depends upon working relationships among theoreticians, clinicians, and scientists. If these are isolated from one another, each going its own way, the intellectual life of the faculty will be poverty-stricken.

In its present level of development, educational science is primarily concerned with questions of instrument development, research design and method, and the application of these to the study of teaching and to nonschool influences playing upon the development of children and youth.

The theorists tend to spin their own web of concepts and propositions with little regard for the actual situation confronted by teachers in the classroom and school. In all too many cases they attack classroom practices, hoping to create a new reality in the schools instead of helping the clinician to understand and deal with the situations they face. Furthermore, theorists have neither been clear about what they mean by "theory" nor familiar enough with the findings and conclusions of research to offer interpretations of them. Instead, they have been more concerned with criticizing and faulting research.

Moreover, there is very little in the activities of either the theorists or scientists that can be called theory. It is well known that theory (by which I mean a logically interrelated set of definitions and proposi-

tions) explains the puzzling and upsetting aspects of what we already know and provides implications to be tested empirically. We have practically no explanations for any of our practices. We know that reinforcement and feedback, properly used, will advance learning; that direct and systematic teaching is effective with low income groups but we have no explanation of why these different techniques and procedures are successful. Feedback and reinforcement may be effective because of their relationship to some underlying biochemical processes, but of course we do not know. For decades to come we will probably have no theoretical explanations of the practices we espouse.

It is well to point out also that even if we had theoretical explanations, they would in themselves be of no practical value to the clinician. Explanations simply help us rationalize and understand our practices but they are not themselves procedures and techniques for helping students. It should be noted also that theory not only enables us to project our thinking into new areas of empirical exploration, but also relates the concepts relevant to one problem to those of another. It thus systematizes our knowledge.

Clinical work is the common meeting ground of these three schools of thought. It depends upon both knowledge and skill. The knowledge and skill typically fall under three broad categories: diagnosis, treatment and assessment. The task of research is to provide empirical diagnostic knowledge, that is, knowledge that enables the clinician to decide that a given case is one of a kind. It also provides knowledge indicating that such and such treatment—ways of behaving, materials and so forth, will result in specified outcomes together with side effects, exceptions and exclusions. Assessment, like diagnosis and treatment, is dependent upon research knowledge.

Scientists stand between the theorist and the clinician. Without a conceptual basis research becomes shallow and fragmented. If it lacks a sense of the clinical field, it becomes irrelevant. On the other hand, concepts (typically what is meant by theory in pedagogy) that are not empirically responsible become sterile, a modern form of medieval theology. Without research knowledge the clinician relies on conventional wisdom, or else, trial and error.

The components of pedagogical education are kept apart by the lack of communication among the specialized faculties responsible for each. That part of the faculty responsible for clinical training carries on its work largely without benefit of either research knowledge or theoretical concepts from studies in psychology, philosophy and socio-

logy. The clinical faculty is typically assigned a lower status in the college community than either the science or theory faculties. Furthermore the clinical faculty draws heavily upon conventional pedagogical wisdom. This means that those who are actually engaged in the training of teachers are doing so with little research knowledge and without the benefit of systematic conceptions.

The point of all this is that intellectual development in pedagogical faculties depends upon communication among clinicians, researchers, and theoreticians to the end that the clinicians will be grounded in research knowledge and theory, the theoreticians will become empirically responsible, and the scientists will be oriented to the problems of the school and cognizant of the theoretical resources available to them.

How is this to be accomplished? First of all the institutional situation in which these three groups work must be changed so that they are involved in the same practical reality. To do this will require a thoroughgoing modification of the program of pedagogical education. Academic courses in pedagogy such as psychology, measurement and evaluation, human development, curriculum, sociology and anthropology, should no longer be taught as mere verbal courses.

Accompanying each of these basic courses should be a required laboratory in which students observe and apply what they learn in actual situations. The laboratory should carry independent credit, three hours of laboratory counting as one credit hour. This would mean, for example, that a three hour course in pedagogical psychology would be accompanied by a two-hour credit laboratory requiring six clock hours of work in the laboratory per week. The purpose of the laboratory would be to teach the student to recognize and identify concepts and principles in simulated or real situations and to practice skills discussed in the course.

This sort of an arragement should involve clinicians in the teaching of basic courses along with theoreticians and researchers. Each should also contribute his/her share to the conduct of laboratory work and should engage in actual supervision of the work. This arrangement promises certain advantages. It would:

- provide a common context for discussion, thinking, study and research.
- require the faculty to develop a common vocabulary of well defined terms, thus injecting a linguistic discipline into faculty discussions, a discipline now totally lacking.
- help the faculty to build an *esprit de corps*, now lacking

because divisions of the faculty allow its components to drift in unrelated directions.

- reduce the tendency on the part of scientists and theoreticians to criticize the work of clinicians, both in the college and the schools, in an effort to bring about radical innovations designed to change the entire instructional situations. By the same token, clinicians, along with the profession as a whole, would become more receptive to the work of theorists and scientists.
- build an intellectual basis for clinical instructors and make the work of both scientists and theorists clinically as well as intellectually responsible.
- provide, for the first time, a context within which to prepare school personnel, not only in the knowledge of researching, but also in the ability to observe dispassionately student and teacher behavior and to be ready for extended clinical work as an intern in the actual school situation.

Having said all that, let me now address the question of how we are ourselves part of the problem. Pedagogy is in a sorry plight. It reflects in no significant way the growth of pedagogical knowledge. This partly because of our negative attitude toward the knowledge base of clinical skills. A few of us, a very few indeed, are familiar with research knowledge but make no use of it. Some of us, again a very few, try to apply it, but either do not know how, or have no resources for doing so. By far, the largest number of us know nothing about it at all. In fact, a considerable proportion of us holds dogmatically that our research knowledge is inadequate for a program of pedagogical education.

Schools of pedagogy give no training in either administration or teaching, training being provided by the public schools with only nominal participation by college faculties. We conduct our courses in the same way as academic courses, and our experience in the real world of the school is very limited. While in-service programs and teacher center have changed the picture somewhat, still most of our major professors have as little contact with the schools as possible, preferring to teach academic pedagogy which they justify by claiming that theory is the most practical form of knowledge.

Moreover, the pedagogical curriculum has no focus, for we have no common conception of what pedagogical education is about. Having no commitment to a program, we substitute student interest for faculty judgment about the substance of preparation and many of us

promote any and every movement that shows its head—drug education, sex education, death education, open education, and sensitivity and reality training, to mention only a sprinkling. We do so despite the fact that we are failing at the job of preparing students in clinical knowledge and skills of school work.

It is easy to explain our deficiencies by reference to the attitudes of liberal arts faculties, to the biases of university administrations, to interference of governmental agencies, to judicial rulings, and to lack of financial support. While these are powerful influences and must be reckoned with in any constructive effort, the conditions I wish to explore are our own conceptions of pedagogy as a study and the debilitating effects of these conceptions upon pedagogical schools. We have misunderstood professional education and consequently misdirected pedagogical education. We have misunderstood professional education in three ways. We have (1) considered it to be primarily theoretical rather than clinical; (2) confused it with general education; and (3) treated it as graduate study.

Pedagogy is a clinical, not a theoretical study. In almost all human service professions clinical studies are dominant, for the primary purpose is to produce top quality practitioners. To be clinically disciplined is to possess the knowledge and skills essential to helping others whether in matters of health, learning, family relationships, social and economic distress, or whatever. The overriding purpose of a school of pedagogy, as a professional institution, is to discipline its students in the art of helping others to learn.

Our preoccupation with academic pedagogy has been and continues to be out of proportion to its utility, and this accounts in large measure for the alienation of our students and for the poverty of clinical ability among the practicing profession.

A turnabout in our priorities with respect to academic and clinical studies is essential if we are to develop professional schools of pedagogy. The program leading to either the Bachelor's or the Master's degree should emphasize the development of clinical understanding and skills and only so much academic pedagogy should be taught as is necessary to give an initial acquaintance with underlying conceptual knowledge. This will require that we commit the larger proportion of our faculty to clinical rather than academic pedagogy.

Moreover, we have failed to distinguish professional education from general education. The purpose of professional education is to prepare personnel to render a service. The purpose of general educa-

tion is to develop the individual. Without question, this distinction is not clear-cut. Naturally, it is important in professional preparation that the individual also develop personally. But if the line is not too finely drawn, the distinction serves a useful purpose. In general education, there is little risk in adjusting instruction to the student, for the information the student acquires is not selected for use in rendering a service. While the adjustment of professional programs to the interests and abilities of students may promote their personal development, at the same time it runs the risk of exposing the profession's clientele to incompetence. Certainly, there is a point beyond which adjustments cannot be made without downgrading the competence of professional personnel, as well as the public image of the profession itself.

Exposed as we are daily to the notion of adjusting instruction to public-school students, we ourselves become infected with the same notions and water down our instructions. Not only does professional competence of our students becomes a victim of this notion of general education, but admission policies become adapted to the same purpose. Since the rigor and thoroughness of instruction are unwittingly affected by the quality of students, our admission policies hold the quality of instruction and standards of competence at a low level.

While we have confused general and professional education, we have also mistaken graduate study for professional preparation. The purpose of graduate study is to master an area of knowlege without regard to its use in rendering a service, to become skilled in the procedures and techniques for creating further knowledge, and to become a scholar and possibly a researcher. Furthermore, graduate study is almost entirely independent of outside influences. A department of history, for example, can establish its own curriculum without fear of organized social pressure bent upon influencing how or what the department teaches. In addition, the competence of graduate students is decided in terms of the quality of the reserach they do and their performance on examinations covering their area of specialization.

Practically none of these characteristics of graduate study fits professional study. To be sure, professional students master knowledge, but they do so with an eye to its utility. They may, and often do, become interested in the procedures and techniques by which the knowledge is established, but they seldom attempt to master the research tools *per se*. Professional students do not do research in the

course of their education and the extraneous requirement of a research study is not part of their program. Instead, they are required to demonstrate the use of their professional knowledge through the application of the procedures and skills of successful practice. Unlike graduate faculties, professional faculties are constantly subject to outside demands for more competent professionals and for programs of professional preparation deemed by the public or professional organizations to be conducive to improved performance on the job.

The leading colleges of pedagogy have been, and continue to be, dominated by faculty members successful in research and academic scholarship. They set the tone for other schools. Any change aimed at the elimination or reduction of graduate requirements such as courses in academic pedagogy, research methods and statistics, and the doctor's dissertation is staunchly resisted.

A bow in this direction was made some fifty years ago when the degree of Doctor of Education was established at Teachers College, Columbia University. This was to be a practitioner's degree. The dissertation was to be a field study and statistics a subject then deemed to be justified as a universal requirement for all research scholars. The field study turned out to be a form of research in disguise, having little or no relationship to professional competence. This is where the professional education of teachers is today. The program of studies from the beginning of the master's program to the doctor's degree is dictated largely by the research and scholarly mentality.

I have made the foregoing observations about deficiencies in our ways of thinking about pedagogical education in order to make us aware that our own conceptions of our task must be modified if our intellectual endeavors are to benefit optimally the profession of teaching. I have no interest in calling attention to our misconceptions, save as recognition of them can then be seen as an element in the problems that must be solved.

I have tried to analyze, grossly to be sure, the state of affairs that now impedes our intellectual life as well as our effectiveness as professional schools. What we think about, and how we think about it, are rooted in the context of activities we are engrossed in and responsible for. To improve us intellectually is to improve that context.

The context I have reference to is clinical. When the theorists, researchers, and clinicians—including clinical teachers in the public school—begin to focus their intellectual energies on the training function, the intellectual life of schools of pedagogy will be born anew.

The faculty of pedagogy will then find new meaning for its research knowledge and its conceptual formulations. We will then begin to see more clearly than we have thus far been able to see the knowledge base of the pedagogical arts and how to use it in the training of professional personnel for our schools.